

MRSA/CDI Collaborative Minutes for September 14, 2012

Members in Attendance	Representative of Organization	Present/Absent/Excused
Marty Boehme	MDCH Laboratory	P
Dianne McCagg	MPRO	P
Diane Smith	MPRO	A
Betty Ann Eash	MSIPC	P
Cathy Sunlin	Bronson Healthcare Group/LTC	P
Ruth Anne Rye	LTC Consultant	P
Wendy Walker	MHA	P
Gail Denkins	MDCH	P
Jennie Finks	MDCH	P
Joseph Coyle	MDCH	P
Michael Rybeck	Wayne State University/Anti-Infective	A
Preeti Malani	U of M Division Infectious Disease	A
Lynne Norman	Kalamazoo County Health Department	P
Robin Roach	Sparrow Hospital Infection Prevention	P
Kris Gaumer, MD	Sparrow Hospital Gerontology/MiMDA	A
Don Lawrenchuk, MD	Livingston County Health Dept.	P
Bryan Buckley	MDCH	P
Ruby Rodgers	Ingham County Health Dept.	P
Guests: Brenda Brennan, Judy Weber, Allison Murad	MDCH - SHARP	P
Guest: Janel Gyc	Livingston County Health Dept	P
Guest: Jay Fiedler	MDCH/SIDE Section	P

P= Present A = Absent

Agenda Item	Discussion	Actions/Recommendations	Follow-up	Status
Welcome and Introductions	Gail started the meeting at 10:15 am and welcomed the Collaborative. Gail also provided a brief overview on the purpose of the retreat meeting which involved reviewing the data collected and action plans of the regional sites. This information was to aid in decisions for an education path MDCH SHARP will provide.	N/A		

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Presentations	<p>Kate Manton, MPH Intern, presented “Knowing Our Needs: The MRSA/CDI Needs Assessment”. This presentation highlighted responses from 100 facilities to assist the Collaborative gain a better understanding of overall prevention efforts to design the future educational focus. The group discussed many of the graphs included in her presentation. The presentation slides were requested by the members and will be sent via email. The collaborative applauded Kate for her work on this project and appreciated her presentation.</p> <p>Gail provided a presentation on the MRSA/CDI Action Plans. She reviewed and shared the action plans for all 8 regions and provided an update on the status and progress with the Champions and their plans. She described each of her site visits to the group, and also detailed her plans for future site visits with each region. The collaborative group was pleased with the progress of the plans, and was appreciative to Gail for her efforts in moving the MRSA/CDI Prevention Initiative forward.</p> <p>Dr. Don Lawrenchuk, Medical Director for Livingston and Jackson County Public Health Departments, provided an overview of the “MI Hands are Clean Coalition”. This coalition strives for community collaboration among health care entities and provides community education on hand hygiene. The presentation demonstrated their “hand” logo that can be used throughout the state in different counties. He also described the different community outreach projects the Coalition was involved in. The Collaborative was appreciative to Dr. Lawrenchuk for his presentation highlighting the actions of his health department working to reduce health care-associated infections.</p>	<p>Gail will send the presentation with the minutes of Sept. 14, 2012 meeting as an attachment.</p> <p>Dr. Lawrenchuk has agreed to be on the Collaborative subcommittee</p>	<p>Gail will add Dr. Lawrenchuk’s email to the Collaborative member list</p>	
Discussion	<p>The following notes capture discussion throughout the meeting.</p> <p>There was brief discussion on issues concerning acute care facility terminology and long term care terminology. The group decided that any educational project should use clear and commonly-used-terms that are easily understood by both target audiences.</p>			

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Discussion (cont)	<p>A group discussion followed on educational offerings to come from this Initiative. Discussion included the format of this training, the target audience , offering of continuing education credits and how to better involve local health departments. Gail mentioned success in developing a Train-the-Trainer program in TB. Should our target audience be acute care, long term care, local public health, or physicians' medical offices? Should we provide basic and/or advanced training tools? Robin expressed that the greatest education need exists among long term care and local public health. Hospitals in general, have more resources and dedicated staff to address infection prevention and control issues. Robin also stated that the ability to educate patients and their families on MRSA/CDI prevention would assist all facilities in decreasing MRSA/CDI events.</p> <p>Ruby suggested seeking and securing CEU's for our educational project. Ruby stated her health dept. could possibly accept applications for education hours through Ingham County Health Department. Marty and Ruby offered to look into the offerings through Ingham County, MiTrain, and other places.</p> <p>Joe suggested creating a needs assessment tool for initiative participants to use in their facilities to assess the level of knowledge in regard to MRSA and CDI amongst their healthcare workers and environmental cleaning staff. . This tool can help champions focus education to areas of greatest need.</p> <p>It was also suggested to coordinate educational webinars designed for the initiative participants. Having a presenter show examples of how they achieved lower infection rates via interventions (e.g. 'wi-wo', or how a facility is using glo-germ to evaluate room cleaning) may help champions get some new ideas. This would also be an opportunity for champions to share thoughts, strategies, challenges, and struggles.</p>	<p>Ruby and Marty will be researching the feasibility of securing educational credits</p>	<p>Ruby and Marty will inform Gail of their suggestions, and Gail will inform the Collaborative of their findings.</p>	

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Discussion Continued...	<p>Jennie proposed combining these ideas and providing a “Train the Trainer” CD designed for local public health and skilled nursing facility use. The CD would provide educational focus on public education, the patient, and family members. It was suggested that this would permit local health department an active role as trainers to skilled nursing facilities. The information on the CD could very useful for communicable disease staff at the local health department level, in providing public information when they receive calls of inquiry.</p> <p>After much discussion and exchange of ideas and suggestions the following decisions were made:</p> <ol style="list-style-type: none"> 1. Create a needs assessment form for acute care and long term care use 2. Create a “Train the Trainer” CD and provide to local public health depts. and skilled nursing facilities 	<p>SHARP staff will develop this form and submit to Collaborative for review</p> <p>Volunteers for this project are:</p> <p style="text-align: center;">Janel Gryc Ruby Rogers Robin Roach Ruth Ann Rye Gail Denkins</p>	<p>Gail to contact MARR for their revised training program that is intended for HCWs.</p> <p>Gail will need to reach out to local public health, and long term care to inform and encourage the use of the Trainer CD</p>	
Next meeting	<p>Gail suggested that the Collaborative need not meet again until 2nd site visits are completed, and the educational tools are completed. The next meeting shall be a conference call, and the final meeting shall be in person. The group supported this suggestion.</p>	<p>Gail will schedule a conference call in Summer of 2013</p>		